DOCUMENT RESUME

ED 036 944 EC 005 146

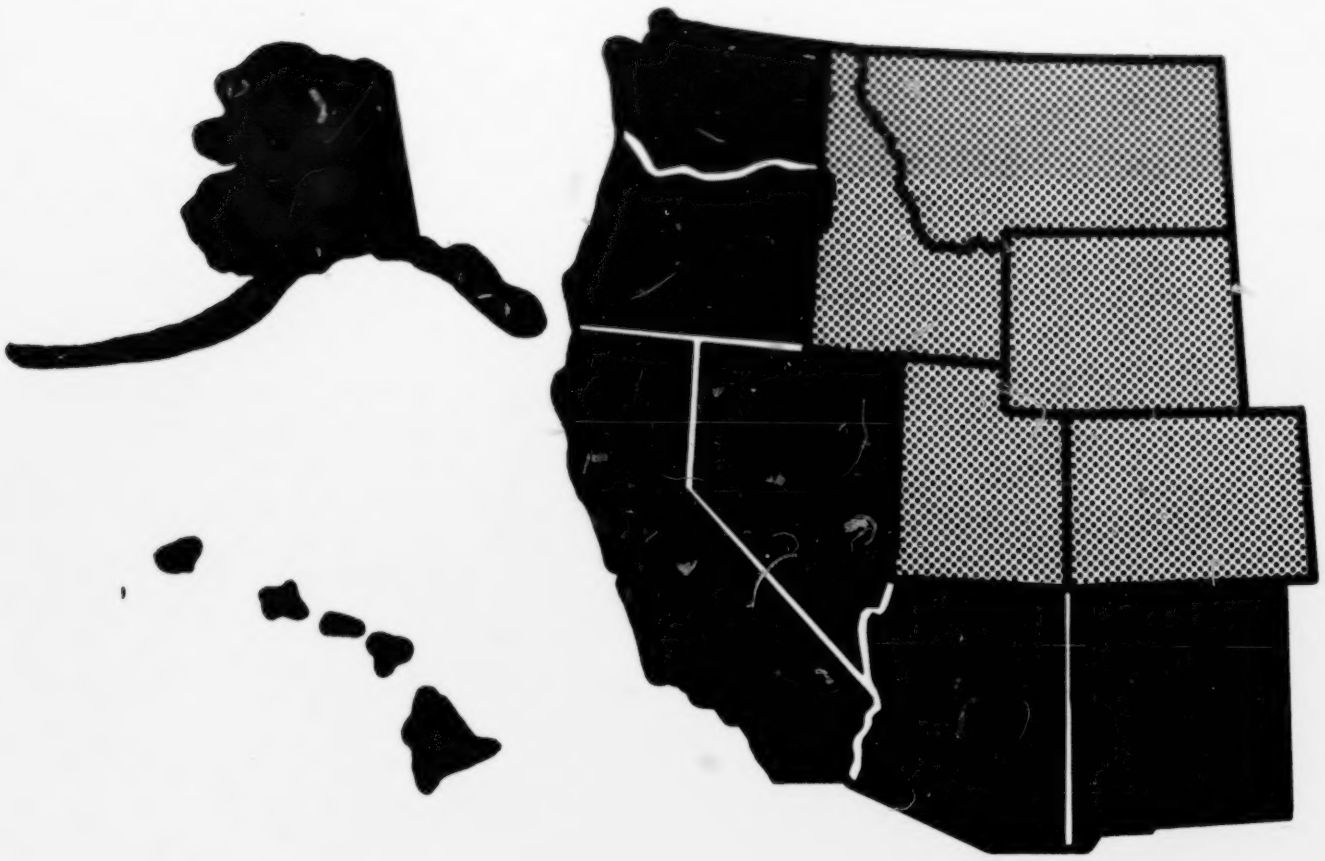
TITLE	Disability and the Disadvantaged. Proceedings of a Conference Held in San Francisco, California, May 26-28, 1969.
INSTITUTION	Western Interstate Commission for Higher Education, Boulder, Colo.
SPONS AGENCY	Rehabilitation Services Administration (DHEW), Washington, D.C.; United Cerebral Palsy Research and Educational Foundation, New York, N.Y.
PUB DATE	Aug 69
NOTE	38p.
EDRS PRICE	EDRS Price MF-$0.25 HC-$2.00
DESCRIPTORS	Change Agents, Community Role, Conference Reports, *Disadvantaged Youth, *Educational Change, Educational Innovation, Evaluation, *Exceptional Child Education, Minority Group Teachers, *Rehabilitation, Teacher Selection, Vocational Rehabilitation

ABSTRACT

Articulating the needs of the disabled disadvantaged, conference participants discussed educational opportunities and rehabilitation services. A paper by Dr. Harold Dent set the stage for the institute and focused attention on implications for training and service of personnel involved with those who are disabled and disadvantaged. Dr. Dorothy Carr delineated the objectives of the conference and highlights from meetings on rehabilitation-special education and related services. The dissatisfaction with persons providing services to the disadvantaged ghetto population, recruitment possibilities, and training and sensitivity to minority groups is dealt with in conference proceedings as related by Dr. Harold Prehm. A listing by state of conference participants is provided. (WW)

ED036944

Disability and the Disadvantaged



WICHE

ED036944

WESTERN COUNCIL ON MENTAL HEALTH TRAINING AND RESEARCH

*Dr. Leo F. Cain, President, California State College at Dominguez, Gardena, California
*Dr. John D. Cambareri, Director of Comprehensive State Planning, Idaho State Department of Public Health, Boise
Sumiko Fujiki, Director, Graduate Program in Psychiatric Nursing, College of Nursing, University of Utah
Herbert S. Gaskill, M.D., Chairman, Department of Psychiatry, University of Colorado Medical School
James Grobe, M.D., Maryvale Clinic, Phoenix, Arizona
*Dr. Gordon Hearn, Dean, School of Social Work, Portland State University, Portland, Oregon; Chairman
Robert T. Hewitt, M.D., Chief Deputy, State Department of Mental Hygiene, Sacramento, California
Dr. Garrett Heyns, Olympia, Washington
Ward C. Holbrook, Coordinator of Health, Welfare, and Corrections, Utah Department of Public Welfare, Salt Lake City
Dr. Irving Katz, Professor and Chairman, Department of Psychology, University of Nevada, Las Vegas
J. Ray Langdon, M.D., Anchorage, Alaska
Dr. Horace Lundberg, Dean, Graduate School of Social Service Administration, Arizona State University, Tempe
Dr. Eugene Mariani, Director, Office of Program Administration, Health and Social Services Department, Santa Fe, New Mexico
Judd Marmor, M.D., Professor of Clinical Psychiatry, University of California at Los Angeles, Cedars Sinai Medical Center, Los Angeles
Audrey W. Mertz, M.D., Executive Officer, Mental Health Division, State of Hawaii, Department of Health, Honolulu
*Dr. E. K. Nelson, Jr., Professor, University of Southern California School of Public Administration
Dr. Richard A. Pasewark, Associate Professor of Psychology, University of Wyoming
Stanley J. Rogers, M.D., Superintendent and Director, Division of Mental Hygiene, Montana State Hospital, Warm Springs
*Samuel Schiff, M.D., Chief, Staff Development Department, Ft. Logan Mental Health Center, Denver, Colorado
*Robert A. Senescu, M.D., Chairman, Department of Psychiatry, University of New Mexico School of Medicine
Dr. Rex A. Skidmore, Dean, University of Utah School of Social Work, Salt Lake City
Dr. Charles R. Strother, Professor of Psychology, University of Washington
John H. Waterman, M.D., Associate Professor of Clinical Psychiatry, University of Oregon; WICHE Field Consultant, GP Program

*Executive Committee Member

Dr. Robert H. Kroepsch, WICHE Executive Director
Raymond Feldman, M.D., WICHE Associate Director for Regional Programs (Mental Health)

ED036944

DISABILITY AND THE DISADVANTAGED

Report of a conference held in San Francisco,
California, May 26-28, 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

This conference was supported in part by the United Cerebral Palsy Research and Educational Foundation, Inc., and Rehabilitation Services Administration grant RSA 546-T-68, and was jointly sponsored by Region IX Rehabilitation Services Administration and the Western Interstate Commission for Higher Education.

Western Interstate Commission for Higher Education
P.O. Drawer P Boulder, Colorado 80302
August, 1969

PREFACE

Within the last half century this nation has grown more and more concerned about the problems of those who, as a result of disease, defect or injury, happen to be disabled. Within the last half decade there has been an increase in interest in the problems of those of us who have not yet enjoyed the full benefits of this society. Even more recently it became apparent that if one is "disadvantaged" the likelihood is greater that he is or will become disabled than if he had tasted of the sweet bread of prosperity.

The ultimate solution to the problems posed by this relationship is to make available to the disadvantaged and the disabled the things that are necessary to enable them to achieve or attain the good life. Among the resources and services needed to enable one to strive for this good life are educational opportunities and rehabilitation services.

Through this institute on "Disability and the Disadvantaged," WICHE has once again played a major leadership role to encourage the inclusion of relevant information into the training of professionals who will soon be responsible for providing educational and rehabilitative services to the disadvantaged who are also disabled. The articulation of the needs of the disabled disadvantaged by those closest to them has provided the rehabilitation counselor trainers, special education teacher trainees, and directors of state agencies with straight-forward information as to how these services may truly open the door to that good life.

If successful, this institute should have stimulated ideas for new methods of training and new ways of delivering services to the disabled disadvantaged. The future will yield the one true measure of its success.

E. L. Chouinard
Associate Regional Commissioner
for Rehabilitation Services
Social and Rehabilitation Service
Department of Health, Education
and Welfare

Regional Office
San Francisco, California
August, 1969

ACKNOWLEDGMENTS

Acknowledgments are due Mr. Edward Chouinard for his assistance in determining the need for this conference, Dr. Dorothy Carr and Dr. Herbert Prehm for their assistance in summarizing the conference proceedings, as well as all conference participants for their outstanding contributions to each session. A special thanks to Mr. Phillip Schafer and Dr. Harold Dent--Mr. Schafer's opening remarks and Dr. Dent's provocative paper set the stage for the discussions which followed.

CONTENTS

Preface.....iii

Acknowledgments..... v

Disability and the Disadvantaged: Implications for Training and Service..... 1

Dr. Harold E. Dent

Rehabilitation-Special Education and Related Services.....11

Dr. Dorothy B. Carr

Teacher and Counselor Preparation.....25

Dr. Herbert J. Prehm

Participants.....29

DISABILITY AND THE DISADVANTAGED: IMPLICATIONS FOR TRAINING AND SERVICE

Dr. Harold E. Dent
Regional Mental Retardation Consultant
Rehabilitation Services Administration
Social and Rehabilitation Service
San Francisco, California

The primary purpose of this institute is the ultimate improvement of rehabilitation and special education services available to disabled individuals who are mentally retarded who happen to live in areas that have been deprived of these and other services in sufficient supply to adequately meet their needs. We conveniently label those areas that have been deprived of adequate services with such profound descriptive phrases as deprived areas. And we label the people who have been deprived of opportunities and who must live in those areas as deprived people, disadvantaged people. When we want to be even more scholarly, we say they are economically deprived or they are culturally disadvantaged.

I won't attempt to formulate an elaborate definition of the term disadvantaged, but that brief operation definition should be adequate for our purpose. We all know who are disadvantaged, and it is obvious why some people are disadvantaged. I hope that, for the next two days, we will focus our attention on ways and means of providing people who have been deprived of needed services the opportunities to reap the advantages of all the rehabilitation and special education services that this society is capable of providing.

I don't know all of you here but I hope to get to know each of you. But even more important I hope you get to know each other and really get together. We have invited people from very different backgrounds and very different positions, different levels of professional and academic training, to this meeting.

It is fashionable today to have this kind of mix in meetings so that members of the so-called "disadvantaged groups" can come and tell the so-called "advantaged" what their problems are. Usually at the end of such meetings the groups go their separate ways, saying either what a great meeting that was or what a miserable meeting that was. But regardless of the quality of the meeting, it seems that nothing ever materializes as a result. I hope this is not just another such meeting. I hope you won't <u>let</u> it be just another meeting.

Much of what we get out of meetings is dependent upon our expectations. I hope those present did not come expecting nothing or with the attitude expressed to me by one state representative on Friday. He said, "We had a meeting like this not long ago (in so and so) and it was a complete waste of time. The militants came in and disrupted everything." My reaction is that, in spite of any disruption, he could have gotten something from that meeting. I am certain that the militants, whoever they were, did not come in whistling "Dixie." They were saying something, but obviously they were not heard. And I am certain that the greatest contribution that some of us can make to this meeting is to allow others the opportunity to be heard. To those of you who are state directors of programs, to those of you who are in positions to influence programs, I say "Listen!" "Listen!" "Listen!" All over this country today and all over the world, for that matter, people are trying to be heard, but the powers that be are not listening.

To those representatives of communities and people who need services, I say, "Don't use this valuable opportunity to just 'Rap on Whitey.'" I say, "Tell it like it is; come down hard if you must, but be straight. Let's make our message unmistakably clear."

I sincerely hope that we leave this meeting with one commitment; that is, a commitment to change. I am certain that some of you are already committed to change. I believe that, unless we are all committed to work together to change the system of delivering services to people,

whether they be rehabilitation, special education, welfare, medicare, or any other service, we can only look forward to further destruction of human lives. As the sign says, "The life you save may be your own."

For the remainder of my time, I would like to direct your attention to some areas relating to professional training and the delivery of services that I think we should be dealing with in the course of our conversations for the next two days.

MORE MENTAL RETARDATION IN DISADVANTAGED AREAS

It is not quite so easy to operationally define mental retardation as it is to operationally define deprivation. Nevertheless, people are identified and labeled as mentally retarded. In addition, research has indicated that the mentally retarded are found in disproportionate numbers among that segment of the population that I defined earlier as the so-called "disadvantaged." I intend to delve into some of the reasons why this is true, but for the moment we must accept the fact that there is a larger proportion of mentally retarded individuals in the so-called "disadvantaged" populations than in the advantaged population. This is true at all levels of retardation. The lack of adequate nutrition, prenatal care, and health services, added to inadequate living conditions, contribute to a higher incidence of premature births in the so-called "disadvantaged" areas than in other areas. And among premature infants mental retardation is ten times as prevalent as among full-term infants.

While we cannot speculate about the numbers of these mentally retarded individuals who will eventually require rehabilitation services, we do know that, unless they are exposed to specialized educational opportunities, they will not develop to where they will be able to benefit from rehabilitation services. This is a group that is easily identifiable at birth. While the responsibility for the follow-up of these children for the ensuing four or five years does not presently rest with special education programs, we also know that the earlier we

expose children to educational experiences the better equipped they will be to deal with the formal academic situation that comes later. Perhaps special education should be charged with the responsibility of providing services to handicapped children from infancy on, or at least long before age five or six. James Farmer, HEW assistant secretary, made an announcement last Saturday (May 24, 1969) that the newly established Office of Child Development will initiate an educational training program that he says wi[illegible] begin before birth.

The vast majority of the population we presently classify as mentally retarded, about 85 percent to be more precise, do not have identifiable physical conditions that distinguish them at birth or early in their development. It is not until after they enter school that they come to the attention of the school administration. Usually this is not until they have distinguished themselves through disruptive behavior or they have completely withdrawn from the threat of the academic situation that surrounds them. The evidence indicates that the majority of the mentally retarded who make up the special education classes in our schools are not identified as soon as they enter school. They are between 10 and 14 years old when they are identified.

We also know that proportionately more kids from "disadvantaged areas" end up in special education classes. This evidence is supported by the fact that academic achievement at the first grade level is approximately the same for children in the so-called "disadvantaged" areas as for children in advantaged areas. But from this point on differences in academic achievement begin to appear and they become progressively larger as grade levels increase. Invariably the conclusion drawn from evidence of this nature is that there is something inherently wrong with children who do not respond to the educational system. How many children must be sacrificed before we will wake up and conclude that there is something inherently wrong with the system, not the children?

THE NEED FOR CHANGE

By system I mean administrators, teachers, methods, books, buildings, etc., etc., etc. It would be ideal if we could replace the system in total. But this is not possible. It is, however, possible to change the system, to change the attitudes and actions of teachers and administrators, to change the books and methods. But this is only possible when we are committed to change.

No doubt we have all heard of the problems associated with having middle-class professionals work with people from backgrounds that are different from their own. Yet this is allowed to occur with such alarming frequency that one begins to question the motives of administrators. At the same time colleges and universities are still grinding out oblivious, insensitive middle-class teachers and administrators who are supposed to be prepared to practice their profession anywhere.

The literature is replete with reports and evidence to indicate the negative effect that society, the educational system, and the teachers have on the development and performance of so-called "disadvantaged" children. Neff (1964) reported a study in New York in which first graders in disadvantaged and in advantaged areas were asked what they wanted to be when they grew up. The responses from both groups of children were the same, doctors, lawyers, airline pilots, nurses, teachers, etc., etc. But the responses from fifth and sixth graders in the same schools were markedly different. The white children from the advantaged areas still aspired to be doctors, lawyers, nurses, etc., but by the time the black children from the disadvantaged areas had reached fifth and sixth grade they had already accepted the rolls that society assigns to black people, to so-called "disadvantaged" people. These children aspired to be domestics, janitors, pimps, and prostitutes.

School administrators will be quick to point out that society as a whole is to blame for that. But Rosenthal's (1968) work shows the

undeniable influence that teachers' attitudes have on pupil performance. I know most of you are familiar with the series of studies reported under the title of "The Self-Fulfilling Prophecy." It is a study that every teacher and every school administrator in this country should be acquainted with. For those of you who are not familiar with the study, Rosenthal told school teachers at the beginning of the year that on the basis of psychological tests they were able to identify those children who were expected to "blossom" during the year in spite of their previous performance. They also identified for the teachers those students who were supposed to be dull and from whom not much could be expected. All of the children were randomly selected from those who performed at the same level on the tests administered at the beginning of the school term. A similar test was administered at the end of the school year. The results were the same in all the schools in which Rosenthal conducted the study. Those students whom the teachers expected to blossom did blossom. The scores of the students from whom nothing was expected increased only slightly, and in some cases they decreased.

These are but two examples of how children are turned-off by teachers and by the system. Time will not permit discussion of other examples of this kind. But what is clear is that our present system of education and special education must be changed if we are to bring about improvements in the service. Although time does not permit me to discuss them, I hope the small groups will discuss other areas of needed change such as: meaningful curriculum; adequate adult models with which children from the so-called "disadvantaged" population can identify; books that are relevant to the lives of the so-called "disadvantaged" populations; methods that are appropriate, applicable, and updated.

Many of the comments or criticisms made here about special education and teacher training are equally applicable to rehabilitation and the training of rehabilitation counselors. In rehabilitation, as in special education, there is a desperate need for people in administration as well

as at the counselor level to be more alert and sensitive to the needs of those they serve. There is nothing in the curriculum of the rehabilitation counselor or the special education teacher that deals with the primitive, day to day struggle for survival that everyone in the so-called "disadvantaged" population faces. This is true whether we are talking about the ghettos of the cities or the wastelands of reservations. But this is not dealt with in the curriculum.

What is included in the curriculum is the fact that gross differences exist between the life style of people from different segments of society. As a matter of fact a great bit of emphasis is placed on these differences. Yet trainers and administrators, counselors and teachers and, the biggest culprits of all, psychologists continue to apply the same tests and techniques designed exclusively for people in one segment of society to people from all other segments. Psychologists invariably devote an entire paragraph of their reports to a discussion of the questionable validity of obtained test results when they have tested children or adults from so-called "disadvantaged" populations. Then they completely ignore their own pronouncements and proceed to make profound analyses and interpretations of the obtained results. Teachers, counselors, and administrators immediately grab on to this profound jibberish and use it to make crucial decisions that affect peoples lives, such as: determining eligibility or ineligibility for special education classes or rehabilitation services, whatever the case may be.

Professional journals, popular magazines, and books are filled with evidence and information which point out the inadequacies and inappropriateness of the traditional methods of screening and eligibility determination, yet we insist on using those methods. We are still willing to use them to make decisions about peoples' lives, knowing they are totally inappropriate. When are training programs and agencies going to put an end to this ridiculousness?

THE INDIGNITIES OF LABELS

Directly related to the testing issue is the issue of diagnosing and labeling. There seems to be an insatiable desire within workers in the helping professions to display their profundity by attaching a diagnosis or some sort of label to everyone whom they service. I am certain that part of this is some attempt to cling to the medical model. But here again many people have pointed out the folly of trying to apply the medical model to mental retardation, to education, and to rehabilitation. Yet we persist! If diagnosing or labeling served some useful purpose for the individual, there might be some basis for continuing the practice in spite of the negative features. But the diagnosis of a nonorganic problem or, in the case of mental retardation, a social problem, does not lead to a prescription or solution. Consequently there is no direct benefit to the individual. Then why the diagnosis?

I am aware of the realistic need to satisfy federal and state regulations governing eligibility determination. However, we seem to be skilled in finding ways to circumvent regulations and requirements when it is to our immediate benefit. We are also skilled in finding loop holes in regulations. At the same time we frequently hear the criticism that federal regulations are too vague and allow too much leeway. Nevertheless much can be accomplished where there is a real commitment. One state rehabilitation agency uses only a "comprehensive review of case records" as a basis for determining eligibility. There must be other creative means of satisfying regulations without subjecting people to the indignities of labels.

THE COMMUNITY WORKER

While there are many, many areas in which change is absolutely necessary, I will remind you of only one more and feel certain that the others will be dealt with in your discussion groups. There is a growing tendency to employ people from the community to do the job that professionals obviously couldn't do, or in many cases, wouldn't allow

themselves to do. That job is to work directly with the individual, in the street or in the hogans or wherever they may be. In other words, we have created a whole new breed of cat. Somebody to do the "dirty work." But I don't believe this is enough. I believe that the presence of community workers should not relieve professionals of the responsibility of knowing who it is they should be serving. The community workers should make it easier for the professionals to make contact in the community. Community workers can help the professionals learn how to communicate with the people they are supposed to service. But professionals should not use community workers as a shield between themselves and the community. There is still a need for professionals to get out in the street where the action is.

Now that we are developing this cadre of skilled people, we must learn to use them effectively, to maximum advantage. The community worker must first be recognized for the contributions that he can make to improve the system. He has the necessary skills that professionals don't have. He's with it; he is there; he knows what's happening in the street. That skill and knowledge should not be stifled. The community worker should be permitted to use his skills and be given appropriate recognition for it. In other words he must be allowed to function as a full fledged staff member. Based on my contacts with community workers, I am gratified to find that they are not going to sit still and become the "high visibility nigger" that professionals from minority groups have frequently been forced or have allowed themselves to become.

Part and parcel of this recognition thing is the fact that the community worker, like the professional, should be adequately compensated. I am also appalled when I see applications come across my desk where professionals are listed with very comfortable salaries, and the salary for the community workers is below the established poverty level.

How long will this kind of thing be allowed to continue? It is high time we stopped playing games and begin to "Take care of business."

Although my remarks have been pointed and at times caustic, I hope you will accept them as I hope you will accept the challenge to change that which must be changed if we are to truly improve lives of the people we have been charged to serve.

I thank you.

REHABILITATION-SPECIAL EDUCATION AND RELATED SERVICES

Dr. Dorothy B. Carr
Assistant Director
Division of Special Education
Los Angeles Board of Education
Los Angeles, California

INTRODUCTION

The Western Interstate Commission for Higher Education Annual Report 1968 (p. 25) indicates that the Special Education and Rehabilitation Program is funded by the United Cerebral Palsy Research and Educational Foundation and the Rehabilitation Services Administration. Its purpose is to assist in developing western college and university programs in special education and rehabilitation at the graduate and undergraduate levels; and to stimulate coordination of agencies and institutions for the use of all resources available for special education and rehabilitation.

One of WICHE's goals is to assist the educational community to appraise and respond to the changing needs of the West. WICHE also seeks to (1) increase educational opportunities for western youth, and (2) assist colleges and universities to improve both their academic program and their institutional management.

The Conference on Disability and the Disadvantaged in the Western Region was designed as a short-term course concerning training requirements for rehabilitation and special education personnel in serving the disadvantaged children and adults in Region IX. States having representatives included: Alaska, Arizona, California, Hawaii, Nevada, New Mexico, Oregon, and Washington.

The focus of this conference was an in-depth study of problems and needs in the urban area ghettos as seen by representatives of the

disadvantaged with participants from both vocational rehabilitation and special education concerning an awareness of the issues, disability relationship to deprivation, and possibilities for direct services to disadvantaged children and adults.

Objectives of the conference included:

1. Study of the systems of special education and rehabilitation to determine how they might be modified in order to function more effectively within the ghetto culture.
2. Explore the complex relationships between disability and deprivation and relate these factors to professional training and patterns of service.
3. Study factors which aggravate conditions unfavorable for education and rehabilitation in the inner city.
4. Develop strategies for acquainting key personnel in the training institutions, centers, public schools, and state and private agencies with the feelings and attitudes of disadvantaged persons concerning education and rehabilitation.
5. Consider the resources of institutions and agencies in Region IX states for developing training programs to better equip professional personnel in the fields of rehabilitation and special education to provide services to these communities.
6. Study the efficacy of state and subregional inservice and pre-service training programs to coordinate training and professional service.
7. Develop guidelines for developing teaching competencies, practica in training institutions, and cooperative arrangements between special education and rehabilitation services for the disadvantaged.

FIRST SESSION

Three of these seven objectives were chosen to be discussed in detail in the services group. Topic Session I. These three objectives were in order to recommended priority:

#4 Develop strategies for acquainting key personnel in the training institutions, centers, public schools, and state and private agencies with the feelings and attitudes of disadvantaged persons concerning education and rehabilitation.

#1 Study of the systems of special education and rehabilitation to determine how they might be modified in order to function more effectively within the ghetto culture.

#2 Explore the complex relationships between disability and deprivation and relate these factors to professional training and patterns of service.

A first step in the discussion was to develop a definition of disadvantaged for this conference. There was an agreement that the disadvantaged were identified as the socioeconomically impoverished or poor people. They were further recognized as those people who don't fit into the program where they happen to be. It was acknowledged that the last recognition was a relative one based upon geographic location or groups of people.

Some of the key issues and needs that were discussed, based on the above mentioned objectives, included the need to reach key personnel with regard to the feelings and attitudes disadvantaged persons have concerning education and rehabilitation. The black community participants emphasized that special educators cannot plan for the disadvantaged if, in some manner, they haven't shared first-hand some of the daily experiences of the disadvantaged.

A succinct way of expressing this was offered by one participant of the black community. He stated that, in order to help the disadvantaged the first need is to understand people at the "gut" level (pointing to that area of his anatomy). Then, and only then, does one work at the "heart" level. (It was noted that the heart was anatomically not too far away from the "gut"). It was further recommended that, not until understandings at these two levels were genuinely accomplished,

could one progress to the "head" level. Yet, too often, those responsible for planning services and programs begin in the opposite direction.

It was generally acknowledged by the group that changes are needed both in education and rehabilitation and that changes needed were probably quite inclusive from the U. S. Office of Health, Education, and Welfare down to the local level. It also may be necessary to make legislative changes to improve both education and rehabilitation opportunities for the disadvantaged. Other factors that dictate a need for change are personnel shortages in special education and changing environments in urban communities (larger populations and different cultural ratios).

A question was raised that the need for changes also may be related to a need for a different political structure. There needs to be a more appropriate way to meet the needs of many students.

Society itself has lost the "personal touch" in the urban community. Even among those who "care" we tend to translate our concern into verbal discussion rather than into behavioral action. At present, the first priority for the disadvantaged is an education for survival before other needs can be met. Problems of adult prejudice serve as a sociopsychological force that must be coped with. There is need to develop positive attitudes toward the disadvantaged in society.

The disadvantaged themselves need help in management and development of thrift measures using a self motivation positive approach.

GROUP MEETINGS

On Tuesday morning four group meetings were held. Following lunch, four groups, with the same leaders and recorders, met with a different mix of participants to continue the discussions. Significant highlights from the notes taken indicated the following:

It is important to know human needs first. It was suggested that those who would provide special education and rehabilitation services live among those with whom they will be working for at least one month to understand neighborhood conditions. Such personnel should not come to their assignments with preconceived notions about pupils as to what they should be doing.

Too little is yet known about the skills that are necessary to effect change. Too little is known of the impact of educators on the community. The community, too, is not fully aware of what educators can do. Before anything can happen, there must be understanding and communication. Expectations for disadvantaged children need to be based on what is possible, positive, and purposeful.

There are communication gaps between educators and parents, between educators and community workers, and between educators and their own staffs. Students, too, need to be part of the two-way communication system. Some areas where communication gaps exist concern laws, rules, regulations, organizational schema, and placement procedures. The importance of informing people and also the importance of good public relations cannot be overemphasized. The use of the newspaper as a communications media should be used whenever possible.

It is important to understand and to use the language of the group being served. There is need to identify what is wrong, what is being done, and how things are changing slowly. Educators and rehabilitation people need to learn to discern improvement. It usually comes in increments. "The coyote concept," e.g., if a coyote is going to get its prey, it's got to play it smart, could be a strategy for improvement.

There is need to develop a new type of administrator who is truly a leader, one who analyzes the power structure of his situation as a baseline skill for effective school administration.

Teachers who work in ghetto schools must be interested in wanting to work with children from disadvantaged homes. They must be interested

in motivating pupils to want to be educated. Teachers must understand the goals of the total school program and how their role responsibilities relate to meeting the needs of the whole child. Each teacher must be a dedicated individual wanting to work with children. Every effort should be made to transfer from schools in the ghetto those teachers who cannot be reached or who do not understand the needs of these children.

It was suggested that a study be made as to what are the behaviors that cause teachers to make decisions about children, i.e., a behavior study. It also was suggested that teachers need to get into the homes of children. The home could be the possible causal source of the problem.

The majority of special education programs now are not relevant in terms of needs of disadvantaged children, though there are some exemplary programs serving as models. Schools have a key role in providing needed service, courses of study, and work experience.

There is need to develop schools on a nongraded basis with pre-assessment of the individual pupil's academic skills, social skills, adaptive behavior skills, and special abilities. Much inservice and administrative re-education is needed to implement such a program. Teachers, community workers, children, and parents all need to be re-educated to the new approach.

Teachers need to develop additional skills in order to provide more efficient services. Among these needs is the task of sequencing developmentally instructional concepts and also the task of breaking down into finer substeps some of these concepts. Another need is the identification of behavioral objectives. Also needed is an objective evaluation of what has been taught. This need involves both development of instrumentation devices and techniques for such evaluations.

New approaches to providing services also are needed, such as (1) identifying tasks that children can perform by themselves; (2) identifying those tasks that children can follow through with, with only a moderate amount of teacher help; and (3) identifying tasks where the needs of children can be met on an individual attention basis. Greater use of audio-visual media and hardware also are recommended.

A whole study is needed in the use of non-teaching assistants in schools. Also the value of dedicated volunteers in schools with special skills and organizational ability cannot be overemphasized.

A question arose. Do we really know that what is now done is ineffective, or is it a matter of degree?

Are there new regroupings for effective behavior that can be put together to act as a catalyst for behavior for change?

There is much talk about the system's approach of the space age. It is difficult to define a "system." There are two organizational levels, (1) the "inside" level or school establishment and (2) the "outside" level or community organization. It was observed that there are different system approaches in the ghetto in contrast to an established community. An example was given of how a case was handled in each community (ghetto vs. established) with regard to a teenage boy carrying a gun.

The total value and attitude of the school establishment are significant regarding prestige of special education and rehabilitation and the quality of status given to the minority group in teaching.

Give teachers a chance to have services needed, such as rehabilitation counselor time, to determine how much meeting expressed needs improves service.

A question arose as to whether children are habilitated or rehabilitated. Habilitation was identified as a pseudonym for providing a child a "chance." The problems of the multihandicapped are at the bottom of the potential list of cases for rehabilitation.

There was an urgent recommendation that rehabilitation personnel establish contacts with cases through a multidisciplinary continuum. It also is necessary to know what are the attitudes and values of the rehabilitation worker toward the handicapped. It was observed that today the impact of new techniques results in a need for a change of focus of rehabilitation from a vocational orientation to a social one.

There seems to be some confusion between program goals of habilitation and special education. A better liaison between "program" and service staff needs to be developed. There also seems to be confusion between levels where decision-making power is vested. However, it has been observed that people of "different persuasions" can come together to solve mutual problems where basic "values" are the catalyst.

One suggestion about the conference in general was that there needed to be a better ratio of community persons and professional personnel since community persons felt overwhelmed by the larger number of professional personnel. Emphasis should be in the dealing of problems at the grass roots level rather than at the professional level.

SECOND SESSION

This session dealt primarily with what needed to be done in relation to the problems identified. It was agreed that changes are needed in both special education and rehabilitation.

It was agreed that there is a need for an ecological balance between meeting and modifying the internal needs of the young people served, for example, good health and health practices; with a balance of possible modification of the external environment in the community, schools, and homes.

Services

There was expressed a need to develop a child-centered cooperative program that included such objectives as (1) recognition of the dignity

of every individual, (2) independent mobility, (3) developing the ability to fit into the community in which he is going to live, and (4) a program rewarding to the child and making him want to go to school. Again, a preassessment was recommended of children's strengths and weaknesses academically as well as in other areas associated with a nongraded instructional program.

It was suggested that there be a developmentally sequenced articulation of the instructional program in such areas as (1) physical, motor, mobility development including special subjects such as charm school training for girls; (2) social skills including such areas as getting along with others, preoccupational training and occupational training; (3) the communication skills of listening, speaking, reading, and writing; and (4) decision-making and problem-solving in such areas as mathematics, including money matters, and health and science.

Strongly stressed in the recommendations was a real understanding of the interests and attitudes of the young people in order that such interests and attitudes may be used to help stimulate motivation for learning.

When a pupil has been assessed, it is important that there be proper placement and regular follow-up of the recommendations made for the youngster. Various ways of servicing children and various ways of evaluating progress need to be identified and developed. Similarly, as child-centered cooperative programs are developed, it is important that these programs be evaluated regularly for optimum efficiency.

It is important to involve the community and parents in joint planning with school personnel with regard to the child-centered cooperative programs. All personnel within the school need to feel involved in a positive manner.

Emphasis must be given to changing teacher attitudes in some cases. Much inservice also should be given to teachers with regard to the child-centered cooperative instructional program.

Rehabilitation

The members of the session believed that more flexibility is needed in rehabilitation while maintaining standards. Perhaps there also needs to be a change in the definition of employability. Previously the primary focus of rehabilitation was training and helping people get jobs. Now it is considered equally important to help them function more effectively in ways that can demonstrate that they have been helped. Rehabilitation personnel need greater flexibility in both case load and permission to accept certain limited personnel with less preliminary data required before workers can counsel with clients. Are medical exams always necessary prior to services? Less emphasis on statistics and more on service is needed. Certain innovative plans should be tried beyond the casework technique such as a total family approach when working with the designated case. Certain cooperative plans should be tried on an interdisciplinary approach.

The delivery of rehabilitation services also was discussed at length. Emphasis was given to the need of bringing the services to the people where they are, rather than maintaining barriers and promoting frustration by having them come to a formidable city hall, institutional-type building. Frequently they will turn away before receiving help under such circumstances.

It was also urged that rehabilitation personnel plan to initiate service to children while they are younger on a consultant basis. This could help reduce the high drop-out rate at the junior high level. In this practice it would be possible for special education and rehabilitation personnel to coordinate efforts in planning for the total life of the child. More communication is needed between special education and rehabilitation personnel, including a better understanding of each other's role responsibilities and how they can work together more effectively.

In the first general session, a proposal was made that funds be allocated wherever the child could be best served, e.g., client-oriented to agencies rather than agency-oriented for clients. The second topic session did not support this proposal for they believed such a policy would destroy community resources. Instead they felt agencies should be held more closely to responsibilities which they were assigned.

It was also recommended that the Conant proposal of greater unification of smaller districts be encouraged wherever possible.

Innovative Programs

The session then reviewed some innovative plans with which they were directly or indirectly familiar. The first was a New York plan for disadvantaged children. The instructional program became non-graded and regrouped so that two teachers and one parent helped in each class. There also were tutoring rooms available. Much emphasis was placed on library and audio-visual media use. Parent education stressed not only inservice on new teaching concepts, but instruction as to how parents could adequately assume their roles in helping children with their homework assignments.

Hawaii has a major master plan for 1969-1985. Their "3 on 2 program" consists of a flexible grouping plan for 5 1/2 to 7-year-old children in a ratio of 3 professional persons for 60 children. It provides for large group - small group - plus tutoring. There is a major commitment by the entire community and this attitude, plus the master plan, leads to quite a legislative impact. There are advisory committees that serve as consultants to the program. There also are cooperative services with other agencies.

Los Angeles has developed an Assessment-Service Center program on a pilot basis and will gradually expand the program on a regional basis throughout the schools for the handicapped in the city. The individualized instructional needs of the pupil are stressed. Teachers

work in teams of four or five with flexible groupings in four major strands into which the instructional program is organized. There is some centralized administration of this regional concept.

Arizona and New Mexico stress success experiences for children. There is some movement towards a centralized administrative program.

The people concerned must be involved in the program-planning. This involves pupils, parents and community personnel. Lack of good service does not necessarily mean lack of good personnel. We need to study further this broad problem.

SPECIAL REPORT

It was Philip R. Lee, M.D., Chancellor, University of California, San Francisco Medical Center, who stated in the May, 1969, issue of California Health that the problems of the minorities rest not with them, but with the white majority. He indicates that our efforts will come to naught unless we recognize the nature of the complexity of the problems facing society. He notes that the discrepancy that exists, between our stated values of equality of opportunity, freedom, and justice and the actual behaviors employed in relation to black Americans, is sufficiently evident to present the white majority with a dilemma that is far from resolved. He is aware that the problems are all too evident but the solutions much less apparent. He notes that race relations and racial tensions constitute one of the major elements in our urban crises today.

The other major element perceived by Professor Harvey Perloff of UCLA, according to Dr. Lee, is the inadequate societal adjustment which we have made to urbanization. He observes that we still maintain a rural value system in a highly complex technological, affluent, urban society and have a structure for local government that was designed for the small town, not the megalopolis.

He indicates that poverty is not simply a matter of having little or no money. He states that it means hunger, malnutrition, low

educational levels, poor housing, poor health, broken homes, and patterns of behavior that tend to perpetuate the cycle. He mentions that Oscar Lewis calls this the "culture of poverty." Dr. Lee points out that a recent Harris poll makes clear that poor people understand the relationship between their ill health and poverty and that "Good health to the poor is the lifeline to all areas."

Concerning the problems posed by mental retardation, Dr. Lee considers them also another health hazard for the black citizens because of its association with poverty. The President's Committee on Mental Retardation noted:

1. Three-fourths of the nation's mentally retarded are to be found in urban and rural slums.
2. A child in a low income family is 15 times more likely to be diagnosed as retarded as a child from a high-income family.
3. The incidence of premature births with resulting higher risks to the infant are almost three times as great among low income women.
4. The Selective Service System rejections for intellectual under-achievement is 23 percent nationally, but it soars to over 60 percent among groups whose members are largely from low income areas.

Dr. Lee summarizes such findings by stating that the conditions of life in poverty--whether in an urban ghetto, a prairie shack town, or an Indian reservation--cause and nurture mental retardation. He believes that "an attack on the fester points of poverty also will hit the causes of retardation in the nation's urban and rural slums." He states that we still find more than 55 percent of the blacks living in large city poverty areas. He hypothesizes that the differences observed between the white and the black are due primarily to social and environmental conditions rather than innate biological characteristics.

It was John Gardner, in an address to the American Council on Education, who said:

> If academic institutions plunge into this task with enthusiasm, they can help pull this fragmented society together again. They can help create an America in which men speak to one another in trust and mutual respect, sharing common objectives, working toward common goals. They can help to return this nation to a path of confidence and well being, a path that we shall never regain until we resolve the bitter human problems of the city today. I urge the colleges and universities to join in that great task.

TEACHER AND COUNSELOR PREPARATION

Dr. Herbert J. Prehm
Director
Rehabilitation Research and Training Center
in Mental Retardation
University of Oregon
Eugene, Oregon

Considerable dissatisfaction with persons providing service to the disadvantaged "ghetto" population was expressed. The range of dissatisfaction varied from mild to outright rejection of persons presently working in these areas. The dissatisfaction expressed was focused on several areas:

1. Persons (professionals) working with the disadvantaged exhibit racist attitudes in both gross and subtle forms.
2. Most professional persons working with disadvantaged minority groups frequently do not know or understand the culture, language, or history of the group with which they are working. The result is a lack of sensitivity to the problems of the group with which they are working.
3. Many professionals who are assigned to work with minority groups are incompetent. These persons are either (a) frequently on their first professional assignment and do not really know how to function (teach, counsel) professionally; (b) given their assignment because they aren't competent enough to work in "superior" areas; or (c) just inadequately prepared for their professional role.
4. Many professionals assigned to work with minority groups are disinterested in their work. They exhibit no enthusiasm.
5. The professionals assigned to work with minority groups are totally unprepared to work with the family and/or out-of-school friends of their charges.

The result of the problems listed above is a feeling, on the part of the recipient of the service, that no service would be better than the service presently being provided.

Professional training programs must face (and respond to) the challenges of preparing persons to work with minority groups. The problems listed above have several implications for special education and rehabilitation counselor training programs.

RECRUITMENT

The helping professions must recruit students who are enthusiastic, sensitive, "turned-on," and truly interested in working with people. In addition, more minority group students should be brought into professional training programs. An effective means of recruitment is to have minority group students recruit other minority group students.

TRAINING

Before students can be trained to work with minority groups, their teachers must understand and know minority groups. Understanding of and sensitivity to the minority culture can be obtained through:

1. Reading available materials written by minority group members.
2. Utilizing minority group members as consultants to training programs and as lecturers.
3. Becoming involved in service projects in disadvantaged areas.

An understanding of minority cultures is a must for both special educators and rehabilitation counselors.

Training programs should also focus on developing the student's ability to work with the family of the client as well as members of the client's community. The successful habilitation of the client is frequently influenced by his parents and peers. Therefore, the rehabilitation specialist should be prepared and willing to work with the client's friends and relatives.

Furthermore, training of special educators and rehabilitation counselors should be more practical than theoretical. Emphasis must be given to the appropriate usage of the new educational technologies and skills.

ANCILLARY PERSONNEL

College and university training programs should work with community groups in order to identify indigenous minority group members who are effective teachers or counselors. These programs should also assist these persons to increase their native skill. Credentialling agencies should be encouraged to relax their restrictions against certificating these persons as teachers or counselors. The effect of such a step would be an increase in the number of effective practitioners, the provision of "status" and adequate compensation for the practitioner, and the provision of more effective services for handicapped persons.

PARTICIPANTS

ALASKA

Earl Anderson, Consultant, Special Education, State Department of Public Instruction, State of Alaska, Alaska Office Building, Pouch F, Juneau 99801

ARIZONA

Josef Afanador, Rehabilitation Center, University of Arizona, Tucson 85721

William F. Hall, Director, Child Study Service, Phoenix Elementary Schools, 125 East Lincoln Street, Phoenix 85004

M. W. Holdship, State Director, Division of Vocational Rehabilitation, 7 North 15th Avenue, Phoenix 85007

Gerald R. Holmberg, Assistant Professor, Department of Special Education, University of Arizona, Tucson 85721

Darwin Larson, Rehabilitation Center, University of Arizona, Tucson 85721

Owen Lugar, Rehabilitation Center, University of Arizona, Tucson 85721

Nathan Painter, Department of Special Education, College of Education, Arizona State University, Tempe 82581

Guy Spiesman, Rehabilitation Center, University of Arizona, Tucson 85721

CALIFORNIA

James Ahrens, Rehabilitation Supervisor, California Department of Rehabilitation, 3126 Lloyd Street, San Diego 92117

Anthony M. Alcocer, Director, Rehabilitation Training Center in Mental Retardation, California State College, 5151 State College Drive, Los Angeles 90032

Della Blakeway, Principal, McDonnell Avenue School, 1111 North McDonnell Avenue, Los Angeles 90022

Rosemary Callahan, Clinical Instructor, Rehabilitation Counseling Program, School of Education, 503 Waite Phillips Hall, University of Southern California, University Park, Los Angeles 90007

Wayne Campbell, Curriculum Specialist in Mental Retardation, State of California, Department of Education, 721 Capitol Mall, Sacramento 95814

Dorothy B. Carr, Assistant Director, Division of Special Education, Los Angeles Board of Education, Box 3307, Terminal Annex, Los Angeles 90054

Edward Chouinard, Acting Regional Assistant Commissioner, Rehabilitation Services Administration, Federal Office Building, 50 Fulton Street, San Francisco 94102

John Clark, Dean of Instruction, Sonoma State College, Rohnert Park 94928

Joe Glenn Coss, Chairman, Department of Special Education, University of Southern California, Los Angeles 90007

Harold Dent, Regional Mental Retardation Consultant, Department of Health, Education and Welfare, Region IX, 50 Fulton Street, Room 420, Federal Office Building, San Francisco 94102

James Hall, Chairman, Young Adults, Community Action Program, San Francisco 94127

Allen C. Hoskins, Workshop Director, ARCSAC Workshop, 1101 Walpert Street, Hayward 94541

R. Jones, Social and Rehabilitation Services, Department of Health, Education and Welfare, Federal Office Building, 50 Fulton Street, San Francisco 94102

Marion McIntire, Department of Rehabilitation, 1111 Jackson Street, Room 5002, Oakland 94601

Edna J. Miller, Assistant Professor, Rehabilitation Training Center in Mental Retardation, California State College, 5151 State College Drive, Los Angeles 90032

Reverend Melvin Nunn, Community Action Program, EOC, 2500 Sutter Street, San Francisco 94127

Mrs. Felix Ortiz, 3910 East Fifth Street, Los Angeles 90063

Richard A. Phillips, Coordinator of Physically Handicapped, Shasta County Superintendent of Schools, Redding 96001

Mary Rogers, Community Action Program, EOC, 2500 Sutter Street, San Francisco 94127

Joseph Rowell, Social and Rehabilitation Services, Department of Health, Education and Welfare, Federal Office Building, 50 Fulton Street, San Francisco 94102

Phillip Schafer, Regional Commissioner, Social and Rehabilitation Services, Department of Health, Education and Welfare, Federal Office Building, 50 Fulton Street, San Francisco 94102

Laura D. Schweinfest, Pacific Boulevard School, 5714 Pacific Boulevard, Huntington Park 90256

Thomatra Scott, Community Action Program, EOC, 2500 Sutter Street, San Francisco 94127

Jane Toland, Principal, Harbor South School, 13194 South San Pedro, Los Angeles 90061

Harry V. Wall, Chairman, Department of Special Education, California State College, 5151 State College Drive, Los Angeles 90032

Osceola Washington, 201 Southridge Road, San Francisco 94124

Elouise Westbrook, Hunters Point, Bay View Community Health Services, 5815 Third Street, San Francisco 94124

COLORADO

Daniel McAlees, Coordinator, Rehabilitation Counselor Training, Colorado State College, Greeley 80631

HAWAII

Hatsuko F. Kawahara, Director, Special Services Branch, State of Hawaii, Department of Education, P.O. Box 2360, Honolulu 96804

NEVADA

Robert Gelhart, Coordinator, Special Education, University of Nevada, Las Vegas 89109

Betty Giesse, 3910 1/2 West Sixth Street, Reno 89502

NEW MEXICO

William Griffith, Department of Vocational Rehabilitation, State of New Mexico, Capitol Building, Santa Fe 87501

Darrell A. Hindman, State Director of Special Education, State of New Mexico, State Department of Education, Capitol Building, Santa Fe 87501

	George Kellywood, Four Corners Mental Retardation Project, 620 South Lake Street, Farmington 87401
	Luallen B. King, Director, Four Corners Mental Retardation Project, 620 South Lake Street, Farmington 87401
	Joann D. Pinto, 509 West Morgan, Gallup 87301
	Robert A. Swanson, State Director of Vocational Rehabilitation, State of New Mexico, Department of Education, Capitol Building, Santa Fe 87501
OREGON	Herbert J. Prehm, Director, Rehabilitation Research and Training Center in Mental Retardation, University of Oregon, 1662 Colombia Street, Eugene 97401
WASHINGTON	Irvin F. Bryan, Planning Supervisor, Division of Vocational Rehabilitation, P.O. Box 528, Olympia 98501
	M. E. Cupp, Experimental Education Unit, CD MRC Building, University of Washington, Seattle 98105
	Jerald Forster, Coordinator, Rehabilitation Counselor Education Program, College of Education, 318 Miller Hall, University of Washington, Seattle 98105
	Alice M. Hayden, State Department of Education, State of Washington, State Capitol Building, Olympia 98501
	John Mattson, State Director of Special Education, State Department of Education, State of Washington, State Capitol Building, Olympia 98501
VIRGINIA	Elizabeth S. Joslin, Division of Mental Retardation, Social and Rehabilitation Services, Webb Building, 4040 North Fairfax Drive, Room 514, Arlington 22201
WICHE Staff	Gene Hensley, Director, Special Education and Rehabilitation Program
	Julie McFadyen, Secretary, Special Education and Rehabilitation Program

SPECIAL EDUCATION AND REHABILITATION PROGRAM
ADVISORY COMMITTEE MEMBERS

Dr. Willard Abraham
Chairman
Department of Special Education
College of Education
Arizona State University
Tempe, Arizona 82581

Dr. Martin H. Acker
Coordinator
Rehabilitation Counselor Education
University of Oregon
Eugene, Oregon 97403

Mrs. Eleanor Bodahl
Consultant, Special Education
Idaho Department of Education
Statehouse
Boise, Idaho 83702

Dr. Kenneth Card
Head, Special Education and Guidance
Department of Special Education and Guidance
Eastern Montana College
Billings, Montana 59101

Dr. Joseph S. Lerner
Chairman, Special Education
School of Education
San Francisco State College
1600 Holloway Avenue
San Francisco, California 94132

Dr. Daniel McAlees
Coordinator
Rehabilitation Counselor Training
Colorado State College
Greeley, Colorado 80631

Dr. Parnell McLaughlin
Director, Vocational Rehabilitation
State of Colorado
State Services Building
Denver, Colorado 80203

Mr. Andrew Marrin
Associate Regional Commissioner
Rehabilitation Services Administration
Department of Health, Education and Welfare
Regional Office
Federal Office Building
1961 Stout Street
Denver, Colorado 80202

Dr. Charles Ryan
College of Education
Utah State University
Logan, Utah 84321

Dr. David W. Smith
Director
Rehabilitation Center
University of Arizona
Tucson, Arizona 85721

Dr. Tony D. Vaughan
Chairman
Department of Special Education
Colorado State College
Greeley, Colorado 80631

Dr. Ernest Willenberg
Director
Division of Special Education
Los Angeles Board of Education
P.O. Box 3307 - Terminal Annex
Los Angeles, California 90054